



COLORADO STATE PATROL ACCIDENT REPORT BLOTTER



Investigated by (Officer/Agency) Tpr. Casebolt/Tpr. Flippen				Report Received By:		Date/Time	
Accident Date / Time 1/13/05 / 0830		Total Vehicles 2	Total Injured 1	Total Killed 2	Private Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Location of Crash Colorado 287 & Mp 42 (10 miles north of Springfield)				District/Troop 2C	County / # Baca / # 22		
Vehicle # 1	Driver / Passenger / Pedestrian Name Aida S. Arce			Address Plano, Tx			
Sex F	DOB 07-09-54	Drivers License # 18370779		Injuries Serious Injuries			
Dead on Arrival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dead at Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Seatbelts Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child Restraint <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ejected <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Airbag Deployed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Motorcycle Helmet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eye Protection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Family Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Victims Assistance Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Taken To Southeast Colorado Medical			
Vehicle Year 1998		Vehicle Make Dodge	Vehicle Style Caravan	License State TX	License Plate B07NKH		
Date Expired	Time Expired	Pronounced Dead By				State Fatal #	
Medical Services on Scene				Time Notified (Fatal Only)		Time Arrived (Fatal Only)	
Vehicle # 1	Driver / Passenger / Pedestrian Name Adalic Perez-Gallegos			Address Plano, TX			
Sex M	DOB 02-04-58	Drivers License # None		Injuries Fatal Injuries			
Dead on Arrival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dead at Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Seatbelts Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child Restraint <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ejected <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Airbag Deployed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Motorcycle Helmet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eye Protection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Family Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Victim Assistance Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Taken To Rich's Funeral Home			
Vehicle Year		Vehicle Make	Vehicle Style	License State	License Plate		
Date Expired	Time Expired	Pronounced Dead By				State Fatal #	
Medical Services on Scene Baca Volunteer Fire				Time Notified (Fatal Only) 0836		Time Arrived (Fatal Only) 0900	
Vehicle # 1	Driver / Passenger / Pedestrian Name Maria D. Varela			Address Plano, TX			
Sex F	DOB 07-17-35	Drivers License # None		Injuries Fatal Injuries			
Dead on Arrival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dead at Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Seatbelts Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child Restraint <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ejected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alcohol Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Airbag Deployed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Motorcycle Helmet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eye Protection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Family Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victims Assistance Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Taken To Rich's Funeral Home			
Vehicle Year		Vehicle Make	Vehicle Style	License State	License Plate		
Date Expired	Time Expired	Pronounced Dead By				State Fatal #	
Medical Services on Scene Baca Volunteer Fire				Time Notified (Fatal Only) 0836		Time Arrived (Fatal Only) 0900	
ACCIDENT DESCRIPTION : Vehicle #1 (Arce) was traveling northbound on Colorado 287. Vehicle #2 (Neighbors) was traveling southbound on Colorado 287. Driver of Vehicle #1 lost control of the vehicle and the vehicle went into the oncoming lane. Driver of Vehicle #2 swerved to the right to avoid colliding with Vehicle #1 and entered the westbound shoulder. Vehicle #1 collided with the left front end of Vehicle #2 with its front end. Driver and passenger of Vehicle #1 were ejected from the vehicle and came to rest south of the point of impact. Vehicle #1 traveled southeast of point of impact and ran off the east side of the roadway and came to rest on its wheels facing west. Vehicle #2 went off the west side of the roadway and rolled one-quarter times and came to rest on its right side facing south							
Posted speed limit: 65 mph/ Estimated speed of vehicle #1 is 60 mph, estimated speed of vehicle #2 is 35 mph Vehicle #1's passenger airbag deployed, Vehicle #2 was not equipped with an airbag restraint system Pending toxicology results alcohol and drugs are unknown as a contributing factor in the crash							



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Location of Crash Colorado 287 & Mp 42 (10 miles north of Springfield)			District/Troop 2C	County / # Baca / # 22		
Vehicle # 2	Driver / Passenger / Pedestrian Name <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian Michael D. Neighbors			Address Henderson, NV		
Sex M	DOB 07-14-71	Drivers License # 1800312333	Injures None			
Dead on Arrival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dead at Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Seatbelts Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child Restraint <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ejected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alcohol Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Airbag Deployed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Motorcycle Helmet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eye Protection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Family Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victims Assistance Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Taken To		
Vehicle Year 2004	Vehicle Make Frht	Vehicle Style Tractor	License State UT	License Plate 127260		
Date Expired	Time Expired	Pronounced Dead By			State Fatal #	
Medical Services on Scene			Time Notified (Fatal Only)		Time Arrived (Fatal Only)	
Vehicle #	Driver / Passenger / Pedestrian Name <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			Address		
Sex	DOB	Drivers License #	Injuries			
Dead on Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No	Dead at Scene <input type="checkbox"/> Yes <input type="checkbox"/> No	Seatbelts Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Restraint <input type="checkbox"/> Yes <input type="checkbox"/> No	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Involved <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicle Year	Vehicle Make	Vehicle Style	License State	License Plate		
Date Expired	Time Expired	Pronounced Dead By			State Fatal #	
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Vehicle #	Driver / Passenger / Pedestrian Name <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			Address		
Sex	DOB	Drivers License #	Injuries			
Dead on Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No	Dead at Scene <input type="checkbox"/> Yes <input type="checkbox"/> No	Seatbelts Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Restraint <input type="checkbox"/> Yes <input type="checkbox"/> No	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Involved <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicle Year	Vehicle Make	Vehicle Style	License State	License Plate		
Date Expired	Time Expired	Pronounced Dead By			State Fatal #	
Medical Services on Scene			Time Notified (Fatal Only)		Time Arrived (Fatal Only)	
ACCIDENT DESCRIPTION : See page #1						